

APPENDIX E

Florida Implied Consent Warning

IMPLIED CONSENT WARNING STATE OF FLORIDA

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| DEFENDANT'S NAME | AGENCY CASE NUMBER |
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BREATH TEST

I am now requesting that you submit to an approved test of your breath for the purpose of determining the alcoholic content of your breath.

OR

URINE TEST

I am now requesting that you submit to a test of your urine for the purpose of determining the presence of any chemical or controlled substance.

OR

BLOOD TEST

I am now requesting that you submit to an approved test of your blood for the purpose of determining its alcoholic content and/or the presence of any chemical or controlled substance.

Will you take the test? YES NO

If you fail to submit to the test I have requested of you, your privilege to operate a motor vehicle will be suspended for a period of one (1) year for a first refusal, or eighteen (18) months if your privilege has been previously suspended as a result of a refusal to submit to a lawful test of your breath, urine or blood. Additionally, if you refuse to submit to the test I have requested of you and if your driving privilege has been previously suspended for a prior refusal to submit to a lawful test of your breath, urine or blood, you will be committing a misdemeanor. Refusal to submit to the test I have requested of you is admissible into evidence in any criminal proceeding.

Do you still refuse to submit to this test knowing that your driving privilege will be suspended for a period of at least one year and that you will be charged criminally for a subsequent refusal?

YES NO

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|--|---|---|
| DATE | TIME | DEFENDANT'S SIGNATURE (YOUR SIGNATURE IS NOT AN ADMISSION OF GUILT) |
| ARRESTING OFFICER (PRINT NAME AND ID#) | BREATH TEST OPERATOR (PRINT NAME AND ID#) | |